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Bib Data Sheet

CONFIRMATION NO. 9299

SERIAL NUMBER 10/659,493	FILING DATE 09/10/2003 RULE	CLASS 134	GROUP ART UNIT 1744	ATTORNEY DOCKET NO. 5068
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/728,183 12/01/2000 PAT 6,643,890

LCC

** FOREIGN APPLICATIONS *****

none, LCC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/07/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	ME	4	31	3
Verified and Acknowledged	<i>Laurie C Cole III</i> Examiner's Signature Initials				

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TITLE

Composite doctor blades

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
RECEIVED 1948		